

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 508

FILED JAN 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3-59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 3

1. PLACE OF DEATH  
a. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Cass

c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville d. STREET ADDRESS 802 Oakland

3. NAME OF DECEASED  
a. (First) GEORGE b. (Middle) M. c. (Last) TAYLOR

4. DATE OF DEATH Jan 4 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Feb 18 - 1866 9. AGE (In years last birthday) 84 10. UNDER 1 YEAR Months 8 Days 4 11. UNDER 1 MRS. Hours 9 Min. 2

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Butcher 10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Delhapala Austria 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Taylor 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Emma Jane Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) - 16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Mrs. Dale L. Gilkeson ADDRESS Harrisonville, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinomatous  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) -  
DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia

19a. DATE OF OPERATION - 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from May 1949, to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE Harry B. Newton (Degree or title) 0 23b. ADDRESS Harrisonville, Mo. 23c. DATE SIGNED 1-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 6 - 1951 24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery 24d. LOCATION (City, town, or county) (State) Harrisonville Mo.

DATE REC'D BY LOCAL REG. Jan. 6, 1951 REGISTRAR'S SIGNATURE Laura J. Jones 51 25. FUNERAL DIRECTOR'S SIGNATURE Reinhold H. Hays ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ernest Rammembuyer*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.